

215040904
62794

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 036	Agency Case No. B5-092725	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1415	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1423	10/06/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 48th Street		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	1.00		X		R Street	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1	1					
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	G02058767		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V1/N	DRIVER	BERNARD G SMITH		PHONE	402-580-2483	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/26/1953	
2	OWNER	BERNARD G SMITH		PHONE	402-580-2483	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
4	4200 D Street, Lincoln, NE 68510					
H	LICENSE PLATE	TE NO.	TML586	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	2001	MAKE GMC	MODEL NK1	BODY STYLE Pickup truck	COLOR beige
1	VEHICLE ID NO. (V1/N)	2GTEK19T411130016		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 800		
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY Shelter Insurance		
1					POLICY NO. 26-1-4093172-16	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13521740		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V1/P	DRIVER	KATHRYN J FRANKFORTER		PHONE	402-202-2401	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/10/1996	
1	OWNER	TROY A FRANKFORTER		PHONE	402-470-7877	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
01	5851 Sunrise Rd, Lincoln, NE 68510					
V1/Q	LICENSE PLATE	PA NO.	SSS921	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	1999	MAKE Toyota	MODEL CEE	BODY STYLE 2 door Sedan	COLOR blue
4	VEHICLE ID NO. (V1/N)	2T1CF22P5XC099352		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 800		
K	TOWED TO	TOWED BY		INSURANCE COMPANY State Farm Insurance		
03					POLICY NO. 255-2970A0127D	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

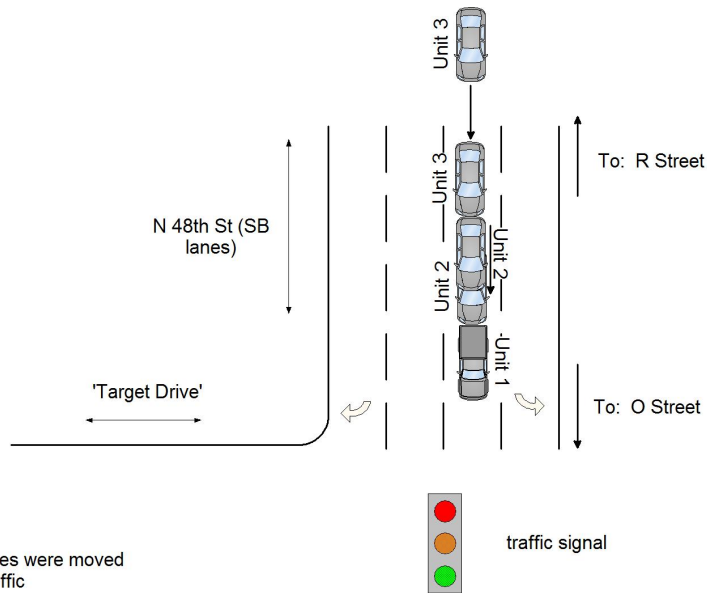
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092725



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 stated he was facing SB on N 48th Street stopped for a red traffic signal. The rear of Vehicle 1 was then struck by vehicle 2. Driver 2 stated she was stopped behind vehicle 1 due to a red light. Vehicle 2 was struck from behind by vehicle 3 forcing vehicle 2 forward causing it to collide with the rear of vehicle 1. Driver 1 and driver 2 made contact with driver 3 who stated he needed to leave for an appointment even though driver 3 was asked to wait. Driver 3 was contacted later and he stated he was traveling SB on N 48th Street from R Street and was going to change lanes. Driver 3 looked to his right to check traffic and did not realize vehicles 1 and 2 stopped for the traffic light. Vehicle 3 collided with the rear of vehicle 2 causing it to go forward and collide with the rear of vehicle 1. Driver 3 then left without leaving any information.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2					VEH 1	VEH 2
1		X			N 48th Street	POINT OF IMPACT	05	POINT OF IMPACT	05	<div> <div>4</div> <div>2</div> </div>		Driver No. 1	Driver No. 2
2		X			N 48th Street	MOST DAMAGED AREA	05	MOST DAMAGED AREA	01	<div> <div>4</div> <div>9</div> </div>		ALCOHOL LEVEL TESTED	Pedestrian
1	11				06 Turning left	00 None	02	03	04	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		BAC LEVEL	
2	11				07 Making U-turn	09 Top & windows	01	05		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1
					08 Entering traffic lane	10 Undercarriage	08	07	06	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		1 Neither alcohol nor drugs suspected	Driver No. 2
					09 Leaving traffic lane	11 Total (all areas)				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		2 Yes - alcohol suspected	
					10 Parked	12 Other				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		3 Yes - drugs suspected	
					11 Slowing or stopped in traffic					<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		4 Yes - alcohol & drugs suspected	
					12 Other					<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>		5 Unknown	
					13 Unknown					<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>			

OFFICER NO. 1205	TROOP/ TEAM/ BEAT 3	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Luis Herrera		INVESTIGATOR SIGNATURE Approved by Investigator Luis Herrera	DATE OF REPORT 10/06/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

036

Agency
Case
No.

B5-092725

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

10/05/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. N 48th Street

VEH. #

VEHICLE NO. 3

VEH. #

3

DRIVER
LICENSE

NO.

H12071501

STATE
(Of License)

NE

SEX

☐ FEMALE
☒ MALE

3

M
16

DRIVER
TIMOTHY J WEST

PHONE

402-261-8720

LOCAL NO.

1.
18

N
2

DRIVER ADDRESS
2918 NW 1ST ST, LINCOLN, NE 68521

DATE OF
BIRTH
(MM / DD / YYYY)

12/18/1970

2.

O
1

OWNER
TIMOTHY J WEST

PHONE

402-261-8720

LOCAL NO.

3.

OWNER ADDRESS
2918 NW 1st Street, Lincoln, NE 68521

CITATION

☐ PENDING ☒ YES ☐ NO

CITATION NO.
LB492253

4.

P
1

LICENSE
PLATE PA

NO.

SSW139

YEAR
(Plate Expires)

2015

STATE
(Of Plate)

NE

5.

Q
4

VEHICLE

YEAR

2007

MAKE

Pontiac

MODEL

6BS

BODY STYLE

4 door Sedan

COLOR

white

ESTIMATED DAMAGE

☐ TOTALED \$ 600

6.
18

VEHICLE ID
NO. (VIN)

1G2ZG58B374138368

INSURANCE COMPANY

Le Mars

35

TOWED TO

TOWED BY

POLICY NO.

PAR0249974

VEH. #

VEHICLE NO. 4

VEH. #

4

DRIVER
LICENSE

NO.

STATE
(Of License)

SEX

☐ FEMALE
☐ MALE

4

M

DRIVER

PHONE

LOCAL NO.

1.

N

DRIVER ADDRESS

DATE OF
BIRTH
(MM / DD / YYYY)

2.

O

OWNER

PHONE

LOCAL NO.

3.

OWNER ADDRESS

CITATION

☐ PENDING ☐ YES ☐ NO

CITATION NO.

4.

P

LICENSE
PLATE

NO.

YEAR
(Plate Expires)

STATE
(Of Plate)

5.

Q

VEHICLE

YEAR

MAKE

MODEL

BODY STYLE

COLOR

ESTIMATED DAMAGE

☐ TOTALED \$

6.

VEHICLE ID
NO. (VIN)

INSURANCE COMPANY

POLICY NO.

TOWED TO

TOWED BY

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS																																															
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEHICLE 3				VEHICLE 4				VEH 3				VEH 4																																							
3			X		N 48th Street								4				2				3				1																																							
4									VEHICLE 3				VEHICLE 4																																																			
3					01				POINT OF IMPACT				POINT OF IMPACT				1				2				3																																							
4					01				MOST DAMAGED AREA				MOST DAMAGED AREA				1				2				3																																							
01 Essentially straight ahead					02 Backing					03 Changing lanes					04 Overtaking/ Passing					05 Turning right					06 Turning left					07 Making U-turn					08 Entering traffic lane					09 Leaving traffic lane					10 Parked					11 Slowing or stopped in traffic					12 Other					13 Unknown				
01					02					03					04					05					06					07					08					09					10					11					12					13				

Complete this section for all injured persons

DATE OF BIRTH
(MM / DD / YYYY)

1 2 3 4 5 SEX
Seat Position Eject Body Region Injury Sev. Trans. M F

VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-092725

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1205		TROOP/ TEAM/ BEAT 3		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Luis Herrera			INVESTIGATOR SIGNATURE Approved by Investigator Luis Herrera		DATE OF REPORT 10/06/2015